

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	AMOUNT
Total Claims	7	-20	0	\$18.00	\$0.00
Independent Claims	1	-3	0	\$84.00	\$0.00
Multiple Dependent Claim(s)					\$0.00
Basic Fee					\$750.00
Total of Above Calculations					\$750.00
Less ½ for Small Entity					\$0.00
Assignment & Recording Fee					\$40.00
Total Fee					\$790.00

- ☒ Please charge my Deposit Account No. 500417 in the amount of \$790.00. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 500417. A duplicate copy is enclosed.
- ☒ Any additional filing fees required under 37 CFR 1.16.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 500417. A duplicate copy of this sheet is enclosed.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

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